

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Nurse-Midwives Midwives-PAC

ADDRESS (number and street)

8403 Colesville Road

Suite 1550

☐Check if different  
than previously  
reported. (ACC)

Silver Spring

MD

20910

6374

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00358812

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2008

through

07

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kathryn Kravetz

Signature of Treasurer

Electronically Filed by Kathryn Kravetz

Date

08

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Nurse-Midwives Midwives-PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		30005.77
(b) Cash on Hand at Beginning of Reporting Period .....	30774.39	
(c) Total Receipts (from Line 19) .....	9975.00	24610.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40749.39	54616.27
7. Total Disbursements (from Line 31) .....	31718.97	45585.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9030.42	9030.42
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Nurse-Midwives Midwives-PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1800.00	4665.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	8175.00	19932.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	9975.00	24597.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	9975.00	24597.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	13.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9975.00	24610.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9975.00	24610.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	31618.97	43460.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	31618.97	43460.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	125.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	100.00	125.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31718.97	45585.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31718.97	45585.85

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9975.00	24597.50
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9875.00	24472.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31618.97	43460.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	13.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	31618.97	43447.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

**A.**

Full Name (Last, First, Middle Initial)

Lisa Costa, CNM

Mailing Address 105 Prospect Street

City

White Plains

State

NY

Zip Code

10606-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Student

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 0 8

Transaction ID: 28208455

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Cynthia Brown, CNM

Mailing Address 535 North 82nd Street

City

Seattle

State

WA

Zip Code

98103-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 8

Transaction ID: 28231515

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Robyn Carlisle

Mailing Address 176 Billows Drive

City

Mount Royal

State

NJ

Zip Code

08061-1064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwives of Ocala

Occupation  
SNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 8

Transaction ID: 28258298

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

**A.**

Full Name (Last, First, Middle Initial)

Eunice K.M. Ernst, CNM MPH FA

Mailing Address 1207 Perkiomenville Road

City

Perkiomenville

State

PA

Zip Code

18074-9603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frontier Sachool of Midwi-  
fery and fami

Occupation  
Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 8

Transaction ID: 28258301

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy Locke, CNM JD

Mailing Address 1706 Turnpike

City

Houston

State

TX

Zip Code

77008-6457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Full Bright and Jaworski,  
LLP

Occupation  
CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: 28321723

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kathryn M. Kravetz Carr, CNM

Mailing Address 5 Garden Ct

City

Cambridge

State

MA

Zip Code

02138-1355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Auburn Hospital

Occupation  
Nurses-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 8

Transaction ID: 28460498

Amount of Each Receipt this Period

0.00

## **[MEMO ITEM]**

Refund(s) on Schedule B  
Totaling \$100.00 This cha-  
nges the YTD Total to \$16-  
5.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

1800.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

A.

Full Name (Last, First, Middle Initial)

Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Pkwy

City  
Virginia Beach

State  
VA

Zip Code  
23454

Purpose of Disbursement  
Telemarketing Services

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28193434

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

2028.47

Telemarketing Services

B.

Full Name (Last, First, Middle Initial)

Political Action Committee Services LLC

Mailing Address 7700 Old Branch Avenue  
Suite D-103

City  
Clinton

State  
MD

Zip Code  
20735

Purpose of Disbursement  
PAC administrative service expense

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28193435

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

26592.00

PAC administrative service  
expense

C.

Full Name (Last, First, Middle Initial)

Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Pkwy

City  
Virginia Beach

State  
VA

Zip Code  
23454

Purpose of Disbursement  
Telemarketing Expense

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28314932

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

Telemarketing Expense

SUBTOTAL of Disbursements This Page (optional) .....

29620.47

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

A.

Full Name (Last, First, Middle Initial)

Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Pkwy

City  
Virginia Beach

State  
VA

Zip Code  
23454

Purpose of Disbursement  
Telemarketing Expense

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28314933

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

1719.35

Telemarketing Expense

B.

Full Name (Last, First, Middle Initial)

Paypal Inc.

Mailing Address 4100 Solutions Center  
#774100

City  
Chicago

State  
IL

Zip Code  
60677

Purpose of Disbursement  
Credit card processing fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28331660

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

59.95

Credit card processing fees

C.

Full Name (Last, First, Middle Initial)

BankCard Credit Card Processing

Mailing Address P.O. Box 2485

City  
Spokane

State  
WA

Zip Code  
99210-2485

Purpose of Disbursement  
Credit card processing fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28331697

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

146.25

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional) .....

1925.55

TOTAL This Period (last page this line number only) .....

31546.02

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Nurse-Midwives Midwives-PAC

A.

Full Name (Last, First, Middle Initial)

Kathryn M. Kravetz Carr, CNM

Mailing Address 5 Garden Ct

City  
Cambridge

State  
MA

Zip Code  
02138-1355

Purpose of Disbursement  
Refund of contribution

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 28460495

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

100.00

Refund of contribution

SUBTOTAL of Disbursements This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

100.00